



01-25-01

CPA/2779\$
2104

PTO/SB/29 (8/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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**CONTINUED PROSECUTION APPLICATION (CPA)
REQUEST TRANSMITTAL**

Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 CFR § 1.53(d))

CHECK BOX, if applicable
☐ DUPLICATE

Address to:

**Commissioner for Patents
Box CPA
Washington, DC 20231**

Attorney Docket No.
of Prior Application

365863

First Named Inventor

Everett W. Stoub

Examiner Name

J. Rossi

Group/Art Unit

2779

Express Mail Label No.

EL331153781US

This is a request for a continuation application under 37 C.F.R. § 1.53(d), (continued prosecution application (CPA)) of prior application number 09/003,972, filed on January 7, 1998, entitled System For Converting Scrolling Display To Non-Scrolling Columnar Display. It is further requested that this continued prosecution application utilize the file jacket and contents of the prior application, including the specification, drawings, and oath or declaration from the prior application, to constitute this new application, and that the application number of the above-identified prior application be assigned for identification purposes. It is also requested that the above-identified prior application be expressly abandoned as of the filing date accorded this continued prosecution application. An extension of time for filing a response on the above-identified application is being concurrently filed in the prior application.

1. ☒ Please enter the amendment previously filed on August 31, 2000.
2. ☐ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. § 1.53(d)(4).
 - a. ☐ DELETE the following inventor(s) named in the prior nonprovisional application:
4. ☐ A new power of attorney or authorization of agent (PTO/SB81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations

01/26/2001 AGOITON 00000431 09003972

01 FC:231
02 FC:203
03 FC:202

355.00 BP
513.00 UP
160.00 CF

Technology Center 2100

JAN 29 2001

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	Total Claims (37 CFR § 1.16(C) or (j))	77	57	X \$ 18.00	\$1,026.00
	Independent Claims (37 CFR § 1.16(b) or (j))	7	4	X \$ 80.00	\$320.00
	Multiple Dependent	Claims (if applicable)	(37 CFR § 1.16(d))	+ \$ 260.00	
				Basic Fee (37 CFR § 1.16)	\$710.00
				Total of above Calculations=	\$2,056.00
	Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27 & 1.28).				
	* Reissue claims in excess of 20 and over original patent.				
	** Reissue independent claims over original patent.				
	TOTAL=				\$1,028.00

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6.	Small entity status:	
a.	<input checked="" type="checkbox"/>	Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 12-0600:	
a.	<input checked="" type="checkbox"/>	Fees required under 37 C.F.R. § 1.16.
b.	<input checked="" type="checkbox"/>	Fees required under 37 C.F.R. § 1.17.
c.	<input checked="" type="checkbox"/>	Fees required under 37 C.F.R. § 1.18.
8.	<input checked="" type="checkbox"/>	A check in the amount of \$1,028.00 is enclosed.
9.	<input checked="" type="checkbox"/>	New Attorney Docket Number, if desired 390497 <small>[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]</small>
10.	a.	<input type="checkbox"/> Receipt for Facsimile Transmitted CPA (PTO/SB/29A)
	b.	<input checked="" type="checkbox"/> Return Receipt Postcard <small>(Should be specifically itemized, See MPEP 503)</small>
11.	<input checked="" type="checkbox"/>	Other: <u>Petition for Extension of Time & Transmittal (365863)</u>

NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> New correspondence address below	
Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

13. SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED	
Name (Print/Type)	James M. Stipek
Signature	<i>James M Stipek</i>
Registration No. (Attorney/Agent)	39,388
Date	<i>Jan. 24, 2001</i>

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